

Primrose Healthcare Limited

Primrose Croft Care Home

Inspection report

Primrose Croft
Primrose Street
Cambridge
Cambridgeshire
CB4 3EH

Tel: 01223354773

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Primrose Croft Care Home provides accommodation and personal care for up to 38 older people, some of whom are living with dementia. At the time of the inspection, 32 people were living at the service.

People's experience of using this service:

Staff worked well together to ensure people were safe and well cared for. They knew the people they cared for well and understood, and met, their needs. People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination. The provider had systems in place to enable staff to safely manage people's medicines.

The provider had systems in place to make sure they only employed staff once they had checked they were suitable to work with people who used the service. There were enough staff to meet people's needs safely. The registered manager reviewed staffing levels and people's needs regularly. People received care from staff who were trained and well supported to meet people's assessed needs.

Staff supported people to have enough to eat and drink and maintain a healthy weight. They worked well with external professionals to support people to keep well.

The service had a 'homely feel'. Some rooms had been recently redecorated and looked nice. However, other areas of the service looked tired with chipped, scuffed, and badly worn paint work and furniture varnish. The provider had an ongoing refurbishment programme for the building.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support.

Staff supported people in a caring and friendly way. Staff were respectful when they spoke with, and about, people. Support was person-centred and met each person's specific needs. People and their relatives were involved in care reviews.

People's care plans were detailed and provided staff with guidance on how to meet each person's needs. People's needs were reviewed, and their care was adapted as required. Staff supported people to express any wishes they had for their end of life care and followed these.

People and their families felt able to raise concerns which the provider addressed. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints. The provider and registered manager promoted a culture that was person-centred. The provider had put robust systems in

place to effectively monitor the service and bring about further improvement. The service worked well with external health and social care professionals

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 2 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Primrose Croft Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Primrose Croft Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, information shared with us by the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also used information the provider sent to us. This included information about events that had occurred at the service and the registered persons were legally obliged to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with five people, four relatives, and six staff. These included three care workers, a housekeeper, the deputy manager, the registered manager, and the regional activities co-ordinator.

We reviewed a range of records. These included sampling three people's care records and a variety of records relating to the management of the service, including audits and quality assurance reports.

We received emailed feedback from seven external health and social care professionals throughout the inspection period, ending on 5 November 2019. These included two GPs, two social workers, and three advocates.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I know I couldn't live on my own any more and I am much safer here. It is reassuring not to have to do the shopping and cleaning. Second best to my own home."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm.
- Records showed the registered manager reported potential safeguarding concerns to the relevant local authority in a timely way. This ensured prompt action could be taken to safeguard people if the need arose.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, to help people reduce the risk of falls, to move safely, and maintain the condition of their skin.
- Staff carried out checks and ensured equipment was safe to use and well maintained.
- Staff used equipment to help them provide safe care. For example, a relative told us, their family member had become more confused and prone to falling when they got up during the night. They said staff had put a sensor mat beside the bed, so staff were alerted when the person got out of bed and they could help them.
- Staff completed regular health and safety checks to ensure the premises had no hazards that could put people, staff and visitors at risk of harm. Where they identified issues, these were corrected quickly by the maintenance staff employed by the provider or external contractors.
- Staff reported all incidents and accidents. The registered manager assessed for trends to check they could make any improvements to reduce the risk of recurrence.

Staffing and recruitment

- Staff followed the provider's recruitment policy which helped to ensure they only recruited staff who were suitable to work at the service. Staff confirmed they had to wait for the registered manager to receive checks, such as a criminal record check and employment references, before they started working with people.
- There were enough staff to meet people's assessed needs. People, relatives and external care professionals told us they felt there enough staff. A relative told us, "The care they give to [people] is second to none. I see really good 'old fashioned' care. There's always someone in the lounge and they are always on the alert and can spot an issues."

Using medicines safely

- People and their relatives told us staff supported them well with their medicine. A relative said, "[My family

member] ended up in hospital because [they] forgot to take [their] tablets. [That's] now firmly under control and the staff make sure [they] take all [their] tablets when they're due." An external care professional told us, "The staff understand [people's] medical needs and manage the medications appropriately and safely."

- Staff received, stored, administered, and disposed of medicines safely. Staff had access to appropriate guidance where medicines were prescribed to be taken 'when required'.
- Staff involved in handling medicines had received training, and had their competency regularly checked.

Preventing and controlling infection

- The service was clean. Staff had received training in infection prevention and control and they knew what to do to minimise the spread of infections. This included them regularly washing their hands and wearing protective clothing.
- There was a malodour in some areas of the home when we arrived which faded as the morning went on.
- Some paintwork and varnished furniture were badly chipped, making it difficult to effectively clean. The registered manager told us this was due to be addressed as part of the ongoing redecoration and refurbishment of the service.
- Staff had carried out an infection control audit earlier in the month. They had identified most of the issues we raised, and action plans were in place to address them.

Learning lessons when things go wrong

- Staff followed the provider's systems to record and learn from incidents or accidents that occurred at the service. Records showed staff reported to the registered manager or senior on duty as soon as incidents happened, so they could deal with them quickly.
- Records showed the registered manager reviewed incidents and they put appropriate measures in place to reduce the risk of recurrence. For example, staff identified a person had mistakenly entered another person's bedroom. Staff apologised and monitored the person more closely during their stay.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People's care was planned and managed in line with good practice guidance. People told us they received good care and their needs were met. One person said, "The staff do have a good understanding of my needs." A relative told us, "Physically, [my family member] has really picked up since [coming] here and that's down to the care and understanding of the staff."
- Senior staff assessed people's needs prior to them moving to the service. This helped them make sure they could meet each person's needs. A relative told us, "[The deputy manager] came and did an assessment. [They] took a very careful case summary and gained a good idea of [my family member's] needs and how they could meet them here."
- Staff used this assessment to help develop the person's care plan that provided guidance for staff on how to meet each person's needs. Care plans included any preferences people had in relation to culture, religion and diet.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance. For example, they had recently shared the NICE oral healthcare guidance with staff.

Staff support: induction, training, skills and experience

- New staff received comprehensive training and induction into their roles. One new staff member told us that they had worked in care for some years. They said the training they received at this service helped them to "refresh" their knowledge. They said the e-learning about dementia had "really helped" them understand people's needs.
- As well as training in a variety of subjects the provider deemed mandatory, staff told us the registered manager and provider also supported them to obtain nationally recognised qualifications in health and social care.
- Staff received regular supervision and found the registered manager, deputy manager, and other staff supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us there was always enough food and drinks. One person said, "The food's quite good, always a choice, they bring the menu round every morning and I almost always find something I like." A relative told us their profession was catering. They said, "I see really good, fresh food served here. It's varied and good choices."
- Records showed people ate and drank enough to maintain their health and wellbeing. A relative told us, "[Staff] really encourage [my family member] to eat but [their] appetite is not good these days. They keep [my family member's] fluids up and [they] get fortified foods too – I know they put butter and cream in the

mash so [people] do get good nutritional value."

- In general, staff provided support and encouragement when people needed it. However, two people took their main meal in their bedrooms. Neither person ate any of their meal and staff offered them only minimal encouragement. One person told us their meal was cold by the time they tried to eat it. Staff told it wasn't unusual for these people not to eat their main course, but they did eat food at other times of the day. Records showed that one of these people had gained weight over the last year and the other person's weight was stable.
- Where there were concerns that people were not eating or drinking enough, staff had sent referrals to appropriate health services and followed the external professional's guidance. For example, by providing food and or fluids or a specific consistency, or fortifying foods.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives told us staff supported them or their family members to access health services such as GPs, community nurses, chiropodist, dietitians and opticians. A relative told us their family member was prone to infection. They said, "The staff are vigilant and do a test and the GP responds quickly."
- An external care professional told us staff always listened to guidance they, or other external professionals, gave, and provided feedback and explanations to them.
- Staff worked hard to ensure people received the healthcare they needed. A relative told us the hospital consultant had wanted to discharge their family member from hospital although they were still unwell. They said the registered manager and deputy manager visited their family member several times and persuaded hospital staff to stabilise their family member's health, so they could return safely to the service. They told us the registered manager and deputy manager, "Were fantastic" and "Very professional."

Adapting service, design, decoration to meet people's needs

- The provider had an ongoing refurbishment programme. We saw some of the bedrooms had been recently redecorated and looked nice. However, other areas of the service looked tired: paint work and furniture varnish were badly worn, chipped, and scuffed in numerous areas of the home.
- The service had a 'homely feel', with lots of things of interest around. For example, pictures, craft projects and tactile objects.
- Lighting levels were good throughout service and staff had given thought to providing meals on contrasting coloured plates to help people see their food clearly.
- People had access to the equipment they needed to receive safe and effective care, or to help them be more independent. For example, hoists to make it easier for staff to support people to move.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these

were met.

- The registered manager and staff had a good knowledge of their responsibilities under the MCA. Staff obtained people's consent before providing care.
- Some people had variable mental capacity and they needed support to make some decisions. Where appropriate, staff had consulted people's relatives, professionals or independent advocates to decide how to best support each person. Staff had clearly recorded these decisions and the rationale for them.
- Where conditions were attached to DoLS authorisations, staff had completed them and the conditions had been removed on review.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People made positive comments about the way staff treated them. One person said, "I find that some staff are very good, with them I feel loved and wanted."
- External care professionals also made positive comments about the care provided. One professional told us, "I have been impressed with the care given to [people]. The staff are friendly and caring and always know a lot about each [person]. They treat [people] very well, in my opinion."
- We saw lots of friendly and respectful interactions between people and staff. Staff knew people well and understood their needs and preferences. A person told us, "[Staff] are very nice to me, they know what I like."
- All staff told us they would be happy with a family member receiving care at this service. One staff member told us, "This is one of the really good places that I've [worked at]. We have time [to] sit down and engage with [people]."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and daily lives. For example, the times they got up, went to bed, where they ate their meals, and how they spent their time.
- Staff encouraged people to bring personal belongings and small items of furniture into the service, so they had familiar things around them.
- Relatives told us staff kept them informed of any changes in their family member's well-being. A relative told us, "They are very good and keep me fully informed."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. A person said, "The staff are so respectful, a quiet word, a gentle touch, especially if I feel down." An external care professional told us, "When I have been present, they have always treated [people] with respect and compassion." We saw staff treating people with respect throughout our inspection.
- Staff promoted people's independence by encouraging them to do as much as they could for themselves. For example, giving people space to help themselves at mealtimes, but offering help when people were having difficulty managing.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were fully aware of people's needs and preferences. People and relatives told us staff supported people in a way that met their individual needs and preferences. A relative said they were, "Very, very happy" and staff, "Take very good care of" their family member. Another relative said staff, "Really do seem to understand" what their family member wants even, though the person could not express themselves. An external care professional told us, 'I have found [staff] to be person centred with a good knowledge of those they are caring for. [They were] able to identify strengths in addition to areas where people need help and support.'
- People's care plans broke down each aspect of the care and support the person needed. This meant that staff had detailed, personalised guidance on how to meet each person's needs. An external care professional said, "Care plans and risk assessments are both personalised to the individuals needs and kept up to date. Furthermore, the daily recording I have always found to have been [completed] to a high standard."
- Staff reviewed people's care plans and consulted people and /or their relatives about them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff offered a range of activities and supported people with their interests. A person told us, "I do enjoy the activities, especially the singing." An external care professional told us the person they worked with had been socially isolated but now joined in social activities. A relative said, "[People] have plenty to do. There's lots going on here. There are lots of entertainment, and quizzes."
- Various structured activities were advertised and on offer. Some people told us they were content to watch television and look out of their window. Staff did encourage people to take part in some occupation, but there were missed opportunities where people would have benefitted from more support in this area. The registered manager told us they had advertised for an in-house activities co-ordinator. In the interim a regional activities co-ordinator was visiting the service weekly to provide activities and support staff in doing this.
- Staff encouraged people to maintain links with the local community. For example, one person told us, "I go down the pub every Friday to meet my mates. It makes a change to get out rather than sitting around all day." Another person returned from a shopping trip during our visit and took pleasure in showing staff the new purchases.
- A relative told us they felt welcomed and very comfortable visiting the service. They said, "[Staff are] very welcoming and pleasant. They leave me to it, [we] can have a private chat. They are very accommodating about that."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- The registered manager told us they would provide information in other formats if this was required to support people to understand it. This included providing information in easy read formats or using translation services to communicate with people who did not speak or understand English.
- We noted some information, for example menus, was available in pictorial format to aid people's understanding.

Improving care quality in response to complaints or concerns

- Staff followed the provider's complaints procedure which was available in the service. The registered manager had received one complaint in the last 12 months. The registered manager thoroughly investigated the complaint. It was not substantiated, and no actions arose from it.
- People and relatives knew how to raise concerns and complaints about the service and were confident the registered manager or senior staff would address any concerns they raised. One relative told us "I've no complaints about the care here. If I did I'd speak to [the deputy manager]. They are quite responsive and involve you."

End of life care and support

- The service supported people at the end of their lives and staff had received basic training in end of life care to enable them to meet people's needs in this area.
- Staff worked closely with people, their relatives, and external healthcare professionals to ensure people's needs and wishes were supported and met
- Most people's care plans contained guidance on how people wanted to be supported at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were committed to providing person-centred service. This was reflected in the positive comments we received about the service. For example, "The care here is second to none."
- Eight people and or relatives had registered their feedback about the service on an independent website in the last year. This gave the service an average score of 9.5 out of 10. One person commented, 'An excellent care home which I would not hesitate to recommend to anyone.'
- Communication with people, their relatives, and professionals was open and transparent. One person commented on the website, "I was very impressed with the level of care provided and the way that the home manager made a point of speaking to us both at the beginning and end of Mum's stay."
- People's records were well organised and regularly checked to ensure that information was up to date and accurate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager led by example to create a positive, caring and inclusive culture. An external professional told us, 'The registered manager is particularly good at dealing with staff, [people] and relatives.'
- The registered manager understood their regulatory role and responsibility, including appropriately notifying CQC about any important events that happened in the service.
- The registered manager and the provider understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from this, and how staff had put systems in place to reduce the risk of things going wrong again.
- The provider and registered manager had embedded governance systems in place that helped ensure that staff delivered a high-quality service, which met people's needs and kept them safe. These included various audits that helped reduce the risks to people's health, safety and wellbeing and ensure these were effectively managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager encouraged people to regularly feedback about their care and support and to

participate in the development of the service. They did this both formally, through surveys, and more informally on a day to day basis. The registered manager told us they always considered people's suggestions.

- Staff were encouraged to attend regular meetings. They told us they felt well supported, valued, and encouraged to contribute to the development of the service.

Working in partnership with others

- The service worked well with external health and social care professionals who were involved in people's care. External care professionals described working closely with staff and having good working relationships with them. One professional told us, 'Staff are always helpful when I visit. They always make time to speak to me and to give me access to records.'